

POSITION	ID NO.	DATE
CLASSIFIER	21	5/11/93
EXAMINER	340	5-25-93
TYPIST	18	5-26
VERIFIER	204	5-26-93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
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Original	
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through number) Cancelled
- Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
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